

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026432

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 293

Primary Registration District No. 1802

Registrar's No. 3826

STATE FILE NUMBER

VS 300  
Rev. 4/59

6008

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USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>CLAY</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3210 Russell Rd.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>CLAY</b> c. CITY OR TOWN <b>KANSAS CITY</b> d. STREET ADDRESS (If outside, give location) <b>3210 Russell Rd.</b>	
3. NAME OF DECEASED (Type or print) First <b>RALPH</b> Middle <b>ARNOLD</b> Last <b>TALBOTT</b>		4. DATE OF DEATH Month <b>July</b> Day <b>20</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-6-05</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OWNER-</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TALBOTT ELECTRIC CO.</b>	11. BIRTHPLACE (City and state or country) <b>CAMDEN, MO.</b>
13a. FATHER'S NAME <b>ISSAC A. TALBOTT</b>		14. NAME OF HUSBAND OR WIFE <b>MILDRED O. TALBOTT</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT <b>MILDRED O. TALBOTT</b> Address <b>K.C. - 17 - MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myo Cardial Infarction</b> DUE TO (b) <b>Coronary artery Insufficiency</b> DUE TO (c) <b>Arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>One Hour.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>1:00</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year <b>July 20, 1962</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>CLAY COUNTY</b> STATE <b>MO.</b>	
21. I attended the deceased from <b>July 20, 1962</b> to <b>July 20, 1962</b> and last saw her alive on <b>July 20, 1962</b> . Death occurred at <b>1:00 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Dr. W. Newcomer</b> (Degree or title) <b>D.O.</b>		22b. ADDRESS <b>2220 North Oak St. Trafficway</b>	
22c. DATE SIGNED <b>7-20-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-23-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WHITE CHAPEL</b>	23d. LOCATION (City, town or county) (State) <b>GLADSTONE, MO.</b>
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS - KANSAS CITY</b>		25. DATE RECD. BY LOCAL REG. <b>7-23-62</b>	26. REGISTRAR'S SIGNATURE <b>Ruth R. Long</b>

(Licensed Embelmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Marvin D. Preston*

Licensed Embalmer No. 5040

P. O. Address

*No. Kan. City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.